

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.



PLAINTIFF <b>Develle R. Spencer (#2006-0097519)</b>	COURT CASE NUMBER <b>08 C 262</b>
DEFENDANT <b>Officer Walsh, etal.</b>	TYPE OF PROCESS <b>Summons and Complaint</b>
<b>SERVE</b> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Chicago Police Officer Sebastian, Bage Number: 10342 - Chicago Police Dept.</b>	
<b>AT</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>3510 South Michigan Avenue - Chicago, IL 60653</b>	

c/o P. Martin

## SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Develle R. Spencer (#2006-0097519)  
Cook County Jail  
P.O. Box 089002  
Chicago, IL 60608

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	4
Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**FILED**

Fold

APR 22 2008

APR 22 2008 PH

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

XXXX

PLAINTIFF

DEFENDANT

TELEPHONE NUMBER

DATE

3-24-08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

3 of 4

District of Origin

No. 24

District to Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

TK

Date

3-24-08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

MLS MARTIN (Legal Aid)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

4/16/08

Time

1:30

pm

Signature of U.S. Marshal or Deputy

P. Martin

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

One Service Fee charged same case & location.

REMARKS:

See process sheet #1 for charges.